

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **November 1st through 15th, 2002**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

DATE SUBMITTED:
12/02/2002

Applicant Identifier 09CH9046

1. TYPE OF SUBMISSION

Application

Preapplication

☐ Construction

☐ Construction

☒ Non-Construction

☐ Non-Construction

3. DATE RECEIVED BY STATE:

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Tulare County Office of Education

Organizational Unit: Child Care Educational Program

Address (give city, county, state, and zip code)

2637 W. Burrel
PO Box 5091
Visalia, CA 93278 Tulare

Name and telephone number of the person to be contacted on matters involving this

Senaida Garcia
Project Director

559.651.3022

6. EMPLOYER IDENTIFICATION NUMBER (EIN)

94 - 2191905

8. TYPE OF APPLICATION

☐ New

☒ Continuation

☐ Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

Other (specify):

7. TYPE OF APPLICANT (enter appropriate letter in box)

B

A. State

H. Independent School Dist.

B. County

I. State Controlled Institution of Higher Learning

C. Municipal

J. Private University

D. Township

K. Indian Tribe

E. Interstate

L. Individual

F. Intermunicipal

M. Profit Organization

G. Special District

N. Other (specify)

9. NAME OF FEDERAL AGENCY

DHHS

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

9 3 . 6 0

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

PA 20 T&TA
PA 22 Program

Refunding Application

12. AREAS AFFECTED BY PROJECT

Tulare County

13. PROPOSED PROJECT:

Start Date
4/01/2003

Ending Date
3/31/2004

14. CONGRESSIONAL DISTRICTS OF:

a Applicant 21

b Project 21

15. ESTIMATED FUNDING

a Federal \$ 14,508,755 .00

b Applicant \$ 3,627,189 .00

c State \$ 0.00

d Local \$ 0.00

e Other \$ 0.00

f Program Income \$ 0.00

g Total \$ 18,135,944 .00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE 12/02/2002

b NO

☐

PROGRAM IS NOT COVERED BY E.O. 12372

☐

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes

If "Yes," attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a Typed Name of Authorized Representative

Jim Vidak

b Title

County Superintendent of School

c Telephone number

559.733.6301

d Signature of Authorized Representative

Melisa Greco
PPC Chairperson

e Date Signed

10-14-02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION		
Legal Name: City of Loma Linda Address (give city, county, State, and zip code): 25541 Barton Road Loma Linda, CA 92354-3160	Organizational Unit: Municipality Name and telephone number of person to be contacted on matters involving this application (give area code): Mr. Dennis Halloway 909-799-2830	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) F <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>	
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> A. Increase Award D. Decrease Duration </div> <div style="width: 30%;"> B. Decrease Award Other(specify): </div> <div style="width: 30%;"> C. Increase Duration </div> </div> <div style="margin-top: 10px;"> <u>Combine Phases 1 & 2</u> </div>		
9. NAME OF FEDERAL AGENCY: U S Environmental Protection Agency		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; justify-content: center; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">6</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">6</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">-</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">6</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">0</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">6</div> </div> TITLE: <u>Appropriation Act Grant</u>		
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: San Timoteo Creek Environmental Restoration Project (see attached map)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Loma Linda, Redlands, San Bernardino County		
13. PROPOSED PROJECT Phase 1 & 2 Start Date: <u>11/02</u> Ending Date: _____		
14. CONGRESSIONAL DISTRICTS OF: Cong. Jerry Lewis, 40th Congressional District		
15. ESTIMATED FUNDING: <u>Phases 1 & 2</u>		
a. Federal	\$ 2,447,550.00	
b. Applicant	\$ 337,000.00	
c. State	\$ 0.00	
d. Local	\$ 1,069,000.00	
e. Other	\$ 596,650.00	
f. Program Income	\$ 0.00	
g. TOTAL	\$ 4,450,200.00	
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Mr. Dennis Halloway	b. Title City Manager	c. Telephone Number 909-799-2830
d. Signature of Authorized Representative 		e. Date Signed November 6, 2002

Previous Edition Usable

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

DRAFT

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:

Non-Construction

2a. DATE SUBMITTED TO CORPORATION
FOR NATIONAL AND COMMUNITY
SERVICE (CNCS):

3. DATE RECEIVED BY STATE:

11/14/02

STATE APPLICATION IDENTIFIER:

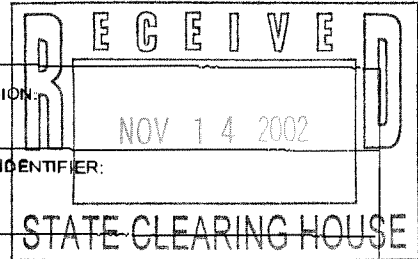
2b. APPLICATION ID:

03SR026511

4. DATE RECEIVED:

GRANT NUMBER:

02SRPCA011

**5. APPLICATION INFORMATION**

LEGAL NAME: HELP OF OJAI INC

ADDRESS (give street address, city, state and zip code):

PO Box 621
111 Santa Ana
Ojai CA 93023NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER
PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give
area codes):

NAME: Kathleen M. Tarrats

TELEPHONE NUMBER: (805)646-7787

FAX NUMBER: (805)646-1748

INTERNET E-MAIL ADDRESS: rsvpojai@helpojai.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

952872549

8. TYPE OF APPLICATION:

☐ NEW ☒ CONTINUATION☐ REVISION

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award B. Decrease Award C. Increase Duration

D. Decrease Duration

7. TYPE OF APPLICANT:

7a. Non-Profit

7b. Service/Civic Organization

Community-Based Organization

Self-Incorporated Senior Corps Project

Volunteer Management Organization

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002

10b. TITLE: Retired and Senior Volunteer Program

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

The Ojai Valley RSVP is located in the City of Ojai, County of Ventura and State of
California. The RSVP serves the City of Ojai, unincorporated area of Meiners Oaks, Mira M

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

RSVP OF OJAI

13. PROPOSED PROJECT: START DATE: 01/01/01 END DATE: 12/31/03

14. PERFORMANCE PERIOD: START DATE: END DATE:

15. ESTIMATED FUNDING:

a. FEDERAL \$ 56,932.00

b. APPLICANT \$ 50,039.00

c. STATE \$ 0.00

d. LOCAL \$ 28,090.00

e. OTHER \$ 21,949.00

f. PROGRAM INCOME \$ 0.00

g. TOTAL \$ 106,971.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
ORDER 12372 PROCESS?☒ YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE
TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR
REVIEW ON:

DATE: 06-NOV-02

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes," attach an explanation. ☒ NO18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN
DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE
IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Marlene Spencer

b. TITLE:

Executive Director

c. TELEPHONE NUMBER:

(805)646-5122

d. DATE:

11/14/02

DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

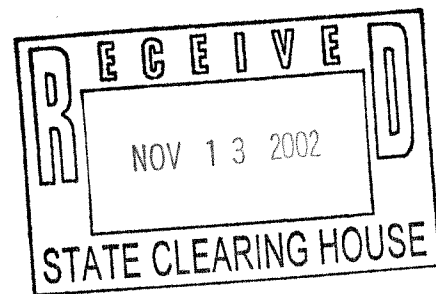
Recipient ID:	1666
Recipient Name:	CITY OF TORRANCE
Project ID:	CA-90-Y186
Budget Number:	1 - Budget Pending Approval
Project Information:	FY 2003 Capital Assistance

Part 1: Recipient Information

Project Number:	CA-90-Y186
Recipient ID:	1666
Recipient Name:	CITY OF TORRANCE
Address:	Transit Department 20500 Madrona Avenue, TORRANCE, CA 90503 3692
Telephone:	(310) 618-6266
Facsimile:	(310) 618-6229

Union Information

Recipient ID:	1666
Union Name:	AFSCME LOCAL 1117
Address 1:	AFSCME Local 1117
Address 2:	1618 Gramercy Avenue
City:	Torrance, CA 90501 0000
Contact Name:	Alan Lee
Telephone:	(310) 328-3106
Facsimile:	(310) 328-5541



Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$3,171,250
Project Number:	CA-90-Y186	Adjustment Amt:	\$0
Project Description:	FY 2003 Capital Assistance	Total Eligible Cost:	\$3,171,250

Recipient Type:	City	Total FTA Amt:	\$2,537,000
FTA Project Mgr:	Ray Tellis/John Ottomanelli	Total State Amt:	\$634,250
Recipient Contact:	J. Mills/A.Ochoa/A. Rose	Total Local Amt:	\$0
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	None Specified	Special Cond Amt:	\$0
Fed Dom Asst. #:	None Specified	Special Condition:	None Specified
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Oct. 01, 2002 - Nov. 30, 2003	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	No
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	Oct. 07, 2002	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Dec. 02, 2002		
Program Page:	None Specified		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES, CA
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	36	Jane Harman

Project Details

FY 2003 Capital Projects-

1. Preventive Maintenance: In compliance with federal guidelines, staff will use a portion of capital funds to defray the cost of maintaining the fleet.
2. COP Bus Lease Payment: This is the year 10 payment on the Certificates of Participation (COP) sold in December 1992 to purchase fourteen Gillig Phantoms buses.

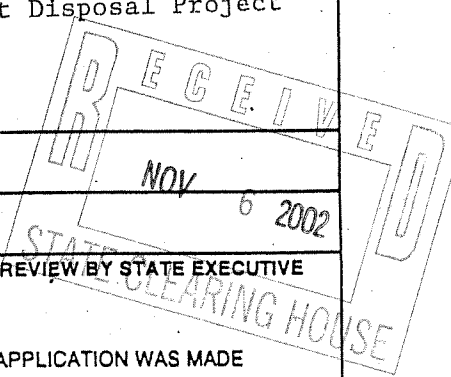
PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction														
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 11/09/02	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 03SC026384	4. DATE RECEIVED: 11/09/02	GRANT NUMBER: 02SCPCA001														
5. APPLICATION INFORMATION																
LEGAL NAME: CATHOLIC CHARITIES DIOCESE OF FRESNO	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Cathy Caples TELEPHONE NUMBER: 5594986377 FAX NUMBER: 5594851591 INTERNET E-MAIL ADDRESS: Ccaples@ccdof.org															
ADDRESS (give street address, city, state and zip code): 149 N Fulton St Fresno CA 93701 - 1607																
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 941678938	7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization Faith-based organization Local Affiliate of National Organization															
8. TYPE OF APPLICATION: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration																
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.018 10b. TITLE: Senior Companion Program	9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SCP CCD OF FRESNO															
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Fresno Cnty- Fresno, Clovis, Kern, Selma, Fowler, Firebaugh, Coalinga, Kings C- Hanford, Coconino, Leavenworth-Tulare C-Tulare, Visalia, Porterville, Lindsay, Dinuba-Madera																
13. PROPOSED PROJECT: START DATE: 01/01/02 END DATE: 12/31/04	14. PERFORMANCE PERIOD: START DATE: END DATE:															
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 01-OCT-02															
<table border="1"> <tr> <td>a. FEDERAL</td> <td>\$ 363,321.00</td> </tr> <tr> <td>b. APPLICANT</td> <td>\$ 275,548.00</td> </tr> <tr> <td>c. STATE</td> <td>\$ 166,863.00</td> </tr> <tr> <td>d. LOCAL</td> <td>\$ 108,681.00</td> </tr> <tr> <td>e. OTHER</td> <td>\$ 0.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td>\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 638,862.00</td> </tr> </table>	a. FEDERAL	\$ 363,321.00	b. APPLICANT	\$ 275,548.00	c. STATE	\$ 166,863.00	d. LOCAL	\$ 108,681.00	e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 638,862.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
a. FEDERAL	\$ 363,321.00															
b. APPLICANT	\$ 275,548.00															
c. STATE	\$ 166,863.00															
d. LOCAL	\$ 108,681.00															
e. OTHER	\$ 0.00															
f. PROGRAM INCOME	\$ 0.00															
g. TOTAL	\$ 638,862.00															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Ernest E. Vlasquez Sr	b. TITLE: Executive Director	c. TELEPHONE NUMBER: 559-237-0851														
		d. DATE: 11/09/02														

APPLICATION FOR
FEDERAL ASSISTANCE

TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

APPLICANT INFORMATION Legal Name: <u>Springville Public Utility District</u>		Organizational Unit: <u>Board of Directors</u>																												
Address (give city, county, State, and zip code): <u>P.O. Box 434</u> <u>Springville, CA 93265</u> <u>Tulare County</u>		Name and telephone number of person to be contacted on matters involving this application (give area code) <u>Dennis R. Keller, District Engineer</u> <u>(559) 732-7938</u>																												
EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 94-1731897 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) G <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>																												
TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: <u>USDA - Rural Development</u>																												
0. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>Water & Waste Disposal</u> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10-760</div> TITLE: <u>Loan and Grant Program</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Sewer Effluent Disposal Project</u>																												
2. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Unincorporated Community of</u> <u>Springville, California, Tulare County</u>																														
3. PROPOSED PROJECT <u>March 2004*</u>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant <u>21st</u> b. Project <u>21st</u>																												
5. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>10/4/02</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Federal</td> <td>\$</td> <td>1,021,800</td> <td>∞</td> </tr> <tr> <td>Applicant</td> <td>\$</td> <td>0</td> <td>∞</td> </tr> <tr> <td>State</td> <td>\$</td> <td>0</td> <td>∞</td> </tr> <tr> <td>Local</td> <td>\$</td> <td>0</td> <td>∞</td> </tr> <tr> <td>Other</td> <td>\$</td> <td>0</td> <td>∞</td> </tr> <tr> <td>Program Income</td> <td>\$</td> <td>0</td> <td>∞</td> </tr> <tr> <td>TOTAL</td> <td>\$</td> <td>1,021,800</td> <td>∞</td> </tr> </table>			Federal	\$	1,021,800	∞	Applicant	\$	0	∞	State	\$	0	∞	Local	\$	0	∞	Other	\$	0	∞	Program Income	\$	0	∞	TOTAL	\$	1,021,800	∞
Federal	\$		1,021,800	∞																										
Applicant	\$		0	∞																										
State	\$		0	∞																										
Local	\$		0	∞																										
Other	\$	0	∞																											
Program Income	\$	0	∞																											
TOTAL	\$	1,021,800	∞																											
8. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																														
1. Type Name of Authorized Representative <u>Wallace Johnson</u>		b. Title <u>President,</u> <u>Board of Directors</u>																												
c. Telephone Number <u>(559) 539-2869</u>		e. Date Signed <u>10-4-02</u>																												



APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 9/9/02 August 30, 2002	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Certified Development Corp. of Tulare County	Organizational Unit:
Address (give city, county, State, and zip code): 205 E. San Joaquin Tulare, CA 93274	Name and telephone number of person to be contacted on matters involving this application (give area code) Lisa Hollingshead, President 559-688-6666

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

7	7	—	0	5	1	7	2	1	4
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7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non Profit</u>
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N

8. TYPE OF APPLICATION:

☒ New
 ☐ Continuation
 ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1	0	—	7	6	7
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TITLE: Intermediary Relending Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Small business Revolving Loan Fund for eligible rural areas of Tulare County, California.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Tulare County, except Porterville, Tulare, Visalia.

13. PROPOSED PROJECT <table style="width:100%;"> <tr> <td style="width:50%;"> Start Date 4/1/01 </td> <td style="width:50%;"> Ending Date 3/31/02 </td> </tr> </table>	Start Date 4/1/01	Ending Date 3/31/02	14. CONGRESSIONAL DISTRICTS OF: <table style="width:100%;"> <tr> <td style="width:50%;"> a. Applicant 19, 20, and 21 </td> <td style="width:50%;"> b. Project 19, 20 and 21 </td> </tr> </table>	a. Applicant 19, 20, and 21	b. Project 19, 20 and 21
Start Date 4/1/01	Ending Date 3/31/02				
a. Applicant 19, 20, and 21	b. Project 19, 20 and 21				

15. ESTIMATED FUNDING:

a. Federal	\$	500,000	.00
b. Applicant	\$	125,000	.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	625,000	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

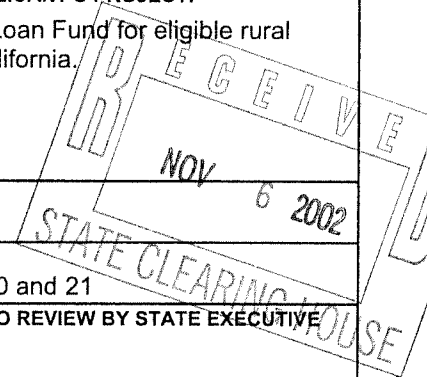
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE 08/30/02 9/9/02

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Lisa Hollingshead	b. Title President	c. Telephone Number (559) 688-8888
d. Signature of Authorized Representative 		e. Date Signed <u>8/27/02</u>



APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:
Application
☐ Construction
☒ Non-Construction
Preapplication
☐ Construction
☐ Non-Construction

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

Rural Communities Housing Dev. Corp

Organizational Unit:

River Gardens

Address (give city, county, state, and zip code):

237 E. Gobbi
Ukiah, CA. 95482

Name and telephone number of the person to be contacted on matters involving this application (give area code)

Duane Hill, Executive Director
707 463 1975

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 2 3 1 9 8 9 4

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es): ☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State H. Independent School Dist.
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify):
non-profit housing corp.

9. NAME OF FEDERAL AGENCY:

USDA/Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE: Rental Housing 515

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

USDA/RD 515 program provides lower interest loans to groups that develop affordable housing in rural areas.

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Ukiah, Mendocino County,
California

13. PROPOSED PROJECT:

Start Date Ending Date
12/1/02 1/1/03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

2nd

b. Project

2nd

15. ESTIMATED FUNDING:

a. Federal	\$ 785,000 .00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$ 1,064,763 .00
f. Program Income	\$.00
g TOTAL	\$ 1,849,763 .00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 11/8/02

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative

Duane Hill

b. Title Executive Director

c. Telephone number

707 4631975

d. Signature of Authorized Representative

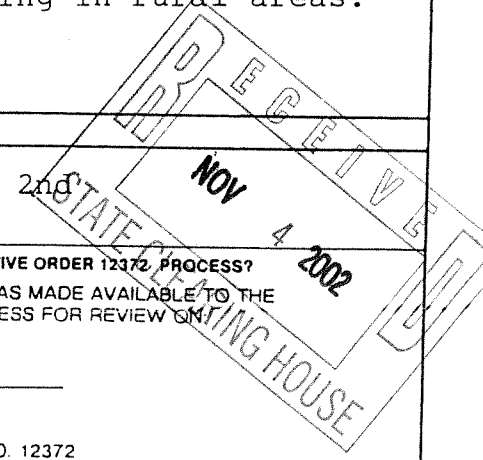
e. Date Signed

11.1.02

APPLICATION FOR FEDERAL ASSISTANCE

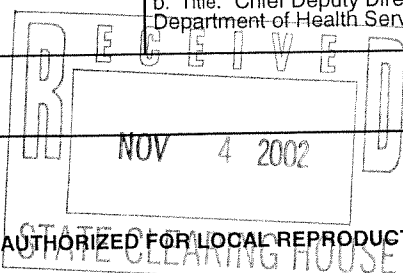
OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier																					
		3. DATE RECEIVED BY STATE		State Application Identifier																					
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier																					
5. APPLICANT INFORMATION																									
Legal Name: Rural Communities Housing Dev. Corp.			Organizational Unit: Orchard Manor																						
Address (give city, county, state, and zip code): 237 E. Gobbi Ukiah, CA. 95482			Name and telephone number of the person to be contacted on matters involving this application (give area code) Duane Hill, Executive Director																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 — 2 3 1 9 8 9 4 </div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) N <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____ </div> </div>																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____			9. NAME OF FEDERAL AGENCY: USDA/Rural Development																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: Rental Housing 515			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: USDA/RD 515 program provides lower interest loans to groups that develop affordable housing in rural areas.																						
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Ukiah, Mendocino County, California																									
13. PROPOSED PROJECT: Start Date: 12/1/02 Ending Date: 1/1/03		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 2nd b. Project: 2nd																							
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">a. Federal</td> <td style="width: 40%;">\$ 1,954,557</td> <td style="width: 30%;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$ 645,443</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g TOTAL</td> <td>\$ 2,600,000</td> <td>.00</td> </tr> </table>		a. Federal	\$ 1,954,557	.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$ 645,443	.00	f. Program Income	\$.00	g TOTAL	\$ 2,600,000	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE 11/8/02 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$ 1,954,557	.00																							
b. Applicant	\$.00																							
c. State	\$.00																							
d. Local	\$.00																							
e. Other	\$ 645,443	.00																							
f. Program Income	\$.00																							
g TOTAL	\$ 2,600,000	.00																							
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																							
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION, PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED																									
a. Typed Name of Authorized Representative Duane Hill		b. Title Executive Director		c. Telephone number 707 4631975																					
d. Signature of Authorized Representative 				e. Date Signed 11-1-02																					



APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier														
5. APPLICANT INFORMATION Legal Name: STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES Address (give city, county, state, and zip code): 601 NORTH SEVENTH STREET P.O. BOX 942732 SACRAMENTO CA 94234-7320		3. DATE RECEIVED BY STATE		State Application Identifier															
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier															
6. EMPLOYER IDENTIFICATION (EIN): <div style="text-align: center; font-size: 1.2em;">68-0317191</div>			7. TYPE OF APPLICANT: (enter appropriate letter here) <u>A</u> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">A. State</div> <div style="width: 50%;">H. Independent School District</div> <div style="width: 50%;">B. County</div> <div style="width: 50%;">I. State Controlled Institution of Higher Learning</div> <div style="width: 50%;">C. Municipal</div> <div style="width: 50%;">J. Private University</div> <div style="width: 50%;">D. Township</div> <div style="width: 50%;">K. Indian Tribe</div> <div style="width: 50%;">E. Interstate</div> <div style="width: 50%;">L. Individual</div> <div style="width: 50%;">F. Intermunicipal</div> <div style="width: 50%;">M. Profit Organization</div> <div style="width: 50%;">G. Special District</div> <div style="width: 50%;">N. Other (Specify):</div> </div>																
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-between;"> <div>A. Increase Award C. Increase Duration Other Specify:</div> <div>B. Decrease Award D. Decrease Duration</div> </div>			9. NAME OF FEDERAL AGENCY: ENVIRONMENTAL PROTECTION AGENCY																
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center; font-size: 1.2em;">66.471</div> TITLE: Operator Certification Expense Reimbursement Grants			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Drinking Water Operator Training & Certification Expense Reimbursement																
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): STATEWIDE																			
13. PROPOSED PROJECT: <div style="display: flex;"> <div style="width: 50%;">Start Date 01-01-03</div> <div style="width: 50%;">End Date 6-30-08</div> </div>		14. CONGRESSIONAL DISTRICT OF a. Applicant: 1-45 b. Project: STATEWIDE																	
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? YES a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: <div style="text-align: right;">DATE <u>9/16/02</u></div> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td style="text-align: right;">\$ 8,058,720</td></tr> <tr><td>b. Applicant</td><td style="text-align: right;">\$</td></tr> <tr><td>c. State</td><td style="text-align: right;">\$</td></tr> <tr><td>d. Local</td><td style="text-align: right;">\$</td></tr> <tr><td>e. Other</td><td style="text-align: right;">\$</td></tr> <tr><td>f. Program Income</td><td style="text-align: right;">\$</td></tr> <tr><td>g. TOTAL</td><td style="text-align: right;">\$ 8,058,720</td></tr> </table>		a. Federal	\$ 8,058,720	b. Applicant	\$	c. State	\$	d. Local	\$	e. Other	\$	f. Program Income	\$	g. TOTAL	\$ 8,058,720	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes" attach an explanation. <input checked="" type="checkbox"/> NO			
a. Federal	\$ 8,058,720																		
b. Applicant	\$																		
c. State	\$																		
d. Local	\$																		
e. Other	\$																		
f. Program Income	\$																		
g. TOTAL	\$ 8,058,720																		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																			
a. Typed Name of Authorized Representative: David Souleles, M.P.H.		b. Title: Chief Deputy Director Department of Health Services		c. Telephone Number (916) 657-1425															
d. Signature of Authorized Representative 		e. Date Signed <div style="text-align: right; font-size: 1.2em;">10/16/02</div>																	



APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 		Applicant Identifier	
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE 		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY 		Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: Rural Communities Housing Dev. Corp	Organizational Unit: Orchard Village
Address (give city, county, state, and zip code): 237 E. Gobbi Ukiah, CA. 95482	Name and telephone number of the person to be contacted on matters involving this application (give area code) Duane Hill, Executive Director 707 463 1975

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9	4	-	2	3	1	9	8	9	4
---	---	---	---	---	---	---	---	---	---

6. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es): ☐ ☐
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other (specify): _____

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

--	--	--	--	--	--

TITLE: Rental Housing 515

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
 Ukiah, Mendocino County,
 California

7. TYPE OF APPLICANT: (enter appropriate letter in box) ☒ **N**

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify):

 non-profit housing corp.

9. NAME OF FEDERAL AGENCY:
 USDA/Rural Development

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 USDA/RD 515 program provides lower interest loans to groups that develop affordable housing in rural areas.

13. PROPOSED PROJECT:

Start Date 12/1/02	Ending Date 1/1/03
-----------------------	-----------------------

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 2nd	b. Project 2nd
---------------------	-------------------

15. ESTIMATED FUNDING:

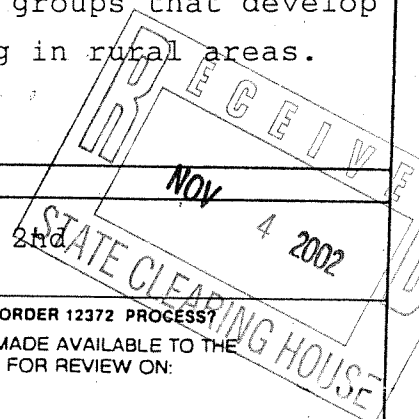
a. Federal	\$ 1,180,400	.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$ 719,600	.00
f. Program Income	\$.00
g TOTAL	\$ 1,900,000	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE 11/8/02
 b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative Duane Hill	b. Title Executive Director	c. Telephone number 707 4631975
d. Signature of Authorized Representative 		e. Date Signed 11.1.02



APPLICATION FOR
FEDERAL ASSISTANCE

1. Type of Submission <i>Application</i> <i>Preapplication</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. Date Submitted (mm/dd/yyyy) <div style="text-align: center;">10/31/02</div>	Applicant Identifier
		3. Date Received by State (mm/dd/yyyy)	State Applicant Identifier
		4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: <div style="text-align: center;">Wildwood Canyon, LLC</div>	Organizational Unit: <div style="text-align: center;">82 beds/68 units</div>
Address (give city, county, state, and zip code): <div style="text-align: center;">309 SW Sixth Avenue, Suite 210 Portland, Oregon 97204</div>	Name and telephone number of the person to be contacted on matters involving this application (give area code): Eilenn Gray Busel phone # (561) 638-4480

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

7	2	-	1	5	3	3	5	4	0
---	---	---	---	---	---	---	---	---	---

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award	B. Decrease Award	C. Increase Duration
D. Decrease Duration	Other (specify):	

7. TYPE OF APPLICANT:
(enter appropriate letter in box)

M

A. State	I. State Controlled Institution of Higher Learning
B. County	J. Private University
C. Municipal	K. Indian Tribe
D. Township	L. Individual
E. Interstate	M. Profit Organization
F. Intermunicipal	N. Nonprofit
G. Special District	O. Public Housing Agency
H. Independent School Dist.	P. Other (Specify)

9. NAME OF FEDERAL AGENCY:

U.S. Department of Housing and Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (xx-yyy) <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: 1px solid black; padding: 2px 5px;">1</td> <td style="border: 1px solid black; padding: 2px 5px;">4</td> <td style="border: 1px solid black; padding: 2px 5px;">.</td> <td style="border: 1px solid black; padding: 2px 5px;">1</td> <td style="border: 1px solid black; padding: 2px 5px;">2</td> <td style="border: 1px solid black; padding: 2px 5px;">9</td> </tr> </table> <p>TITLE: Mortgage Ins. Nursing Homes, Intermediate Care Facilities., Board and Care, Assisted Living Facilities</p>	1	4	.	1	2	9	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The proposed Project will be a 68 unit, 82 bed ALF with Alzheimer care units consisting of a one and partial two story building with two interior courtyards, one for assisted living residents and one for Alzheimer residents, located on approximately 7.5 acres in Yucaipa, CA. The improvements will be developed in a rectangular-shaped figure eight design. Administrative offices will be located in the front with Alzheimer's-Dementia units located on the southwest side and assisted living units located on the northeast side. Dining will be centrally located, however, with separate dining areas for assisted living and Alzheimer residents.
1	4	.	1	2	9		

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Yucaipa, San Bernardino County, California

13. PROPOSED PROJECT: <table style="width: 100%;"> <tr> <td style="width: 50%;">Start Date (mm/dd/yyyy)</td> <td style="width: 50%;">Ending Date (mm/dd/yyyy)</td> </tr> <tr> <td style="text-align: center;">02/03/2003</td> <td style="text-align: center;">05/31/2004</td> </tr> </table>	Start Date (mm/dd/yyyy)	Ending Date (mm/dd/yyyy)	02/03/2003	05/31/2004	14. CONGRESSIONAL DISTRICTS OF: <table style="width: 100%;"> <tr> <td style="width: 60%;">a. Applicant</td> <td style="width: 40%;">b. Project</td> </tr> <tr> <td style="text-align: center;">Multnomah County # 3</td> <td style="text-align: center;">San Bernardino County #41</td> </tr> </table>	a. Applicant	b. Project	Multnomah County # 3	San Bernardino County #41
Start Date (mm/dd/yyyy)	Ending Date (mm/dd/yyyy)								
02/03/2003	05/31/2004								
a. Applicant	b. Project								
Multnomah County # 3	San Bernardino County #41								

15. ESTIMATED FUNDING: <div style="text-align: center; padding: 20px;">Complete form HUD-424-M, Funding Matrix</div>	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <div style="text-align: center;">DATE (mm/dd/yyyy) _____</div> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
--	---

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☐ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative <div style="text-align: center;">Donald E. Nielsen</div>	b. Title <div style="text-align: center;">President</div>	c. Telephone number (Include Area Code) 503-227-1751
d. Signature of Authorized Representative 	e. Date Signed (mm/dd/yyyy) <div style="text-align: center;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED NOV 4 2002 </div> </div>	

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Competition														
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 10/31/02	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 03SR026971	4. DATE RECEIVED: 10/31/02	GRANT NUMBER:														
5. APPLICATION INFORMATION																
LEGAL NAME: KINGS/TULARE AREA AGENCY ON AGING		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Mary A. Lawrence TELEPHONE NUMBER: (559)733-6585 ex 3 FAX NUMBER: (559)733-6891 INTERNET E-MAIL ADDRESS: mlawrence@rtrtarchilisa.org														
ADDRESS (give street address, city, state and zip code): 5957 S. Mooney Blvd. Visalia CA 93277																
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 946000545	7. TYPE OF APPLICANT: 7a. Local Government - County 7b. Area Agency on Aging															
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service														
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Retired and Senior Volunteer Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: KINGS/TULARE COUNTIES RSVP															
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Kings and Tulare Counties																
13. PROPOSED PROJECT: START DATE: 01/01/03 END DATE: 12/31/05		14. PERFORMANCE PERIOD: START DATE: END DATE:														
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 25-OCT-02														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>a. FEDERAL</td> <td>\$ 56,469.00</td> </tr> <tr> <td>b. APPLICANT</td> <td>\$ 49,532.00</td> </tr> <tr> <td>c. STATE</td> <td>\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td>\$ 49,532.00</td> </tr> <tr> <td>e. OTHER</td> <td>\$ 0.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td>\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 106,001.00</td> </tr> </table>		a. FEDERAL	\$ 56,469.00	b. APPLICANT	\$ 49,532.00	c. STATE	\$ 0.00	d. LOCAL	\$ 49,532.00	e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 106,001.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO
a. FEDERAL	\$ 56,469.00															
b. APPLICANT	\$ 49,532.00															
c. STATE	\$ 0.00															
d. LOCAL	\$ 49,532.00															
e. OTHER	\$ 0.00															
f. PROGRAM INCOME	\$ 0.00															
g. TOTAL	\$ 106,001.00															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: John W. Hughes	b. TITLE: Program Manager	c. TELEPHONE NUMBER: 559-737-4660														
		d. DATE: 10/31/02														

